	03/16/2008			NORTH CAROLINA S CHECKWRITE SUMMARY REPORT	1	PAG	E: 1	
RUN DATE:	03/16/2008			S CHECKWRITE SUMMARY REPORT HECKWRITE DATE: 03/18/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1782	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		21	1237	DUPLICATE OF CLAIM-SYSTEM				
		-	1237	DOLLICATE OF CENTRA DIDIEN	11	4767	4827	61
		8599	470	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
-	1	0	0		0	0	2	
	1							
3404910	DAMINIANO	8505	274	CLAIM DENIED DUE TO INSUFFICIE				
	PATHWAYS		1	NT BUDGET				-
	1							
	1	11	63	CLIENT NOT ELIGIBLE ON SERVICE	2	445	3807	336
	1			DATE				
	+							
		8800	60	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0505						
3404912	CATAWBA COUNTYM	8505	39	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BODGEI				
		3746	35	RELATED CODES NOT ALLOWED SAME	0	124	2334	2209
				DATE OF SERVICE.				
		8326	27	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404913	MECKLENBURG COM	8505	1673	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8326	511	ATTENDING PROVIDER NUMBER WAS	0	2581	2593	1:
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
	1	8800	126	FURTHER PROCESSING NECESSARY,				
	+	0000	140	PLEASE CHECK FOR CLAIM ON				
	+			FUTURE RA'S.				
	<u> </u>	<u> </u>						
	1	0.505						
3404916	CROSSROADS BEHA	8505	2055	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				-
	VIORAL HEAL			NA DODONA				
	+							
		8800	59	FURTHER PROCESSING NECESSARY,	0	2159	2199	41
				PLEASE CHECK FOR CLAIM ON				
	1			FUTURE RA'S.				
	+	23	23	SERVICE REQUIRES PRIOR APPROVA				
	+			E .				
3404917	CENTERPOINT HUM	8505	883	CLAIM DENIED DUE TO INSUFFICIE				ļ
	AN SERVICES			NT BUDGET				-
	+				1			-
	+	8800	79	FURTHER PROCESSING NECESSARY,	0	1043	3990	294
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	1	8599	30	DETAIL NOT COVERED BY COMBINAT				
	+	0.55		ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				-

		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	3805	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	384	FURTHER PROCESSING NECESSARY,				
		0000	301	PLEASE CHECK FOR CLAIM ON		4721	4862	14
				FUTURE RA'S.				
		8508	347	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASWEL	23	3	SERVICE REQUIRES PRIOR APPROVA				
	L AREA MH D			L				
		0	0		(	3	3	- 1
3404921	ORANGE PERSON C	8505	456	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
	+	11	235	CLIENT NOT ELIGIBLE ON SERVICE DATE	(	782	2653	187
	+	+	+	MOAN .		-		-
	1	+	_	+		1		
	1	143	57	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
		2525	500					
3404922	THE DURHAM CENT	8505	629	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8800	221	FURTHER PROCESSING NECESSARY,		850	865	15
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		0505	4048					
3404923	FIVE COUNTY MH	8505	1317	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
				11 10001				
		8508	740	CLAIM DENIED NO BUDGET FOUND	(	2344	2525	18:
		8800	201	FURTHER PROCESSING NECESSARY,				
		0000	201	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE	8505	7736	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8508	1598	CLAIM DENIED NO BUDGET FOUND		10812	11114	30:
						10812	11114	30.
		8800	905	FURTHER PROCESSING NECESSARY,				
	1	1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		1		
	+	+	+	LOZONE MA S.		1		
3404926	SOUTHEASTERN RE	8599	92	DETAIL NOT COVERED BY COMBINAT		1		<b> </b>
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	64	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	(	306	2636	233
	+	+	+	FUTURE RA'S.		1		
	+	+	+			1		
	1	21	45	DUPLICATE OF CLAIM-SYSTEM				
	1							
2404022		9505	01	CLAIM DENIED DUE TO INSUFFICIE		1		
3404927	CUMBERLAND CO M	8505	81	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HC	+	+			1		-
	1	+	_	+		1		
		8599	36	DETAIL NOT COVERED BY COMBINAT	(	144	1996	185
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	0	CHIPDE DIDITORTE. CAMP ATTENDED		1		
	1	2404	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				-
	1	1	1		1			1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930		23	5	SERVICE REQUIRES PRIOR APPROVA				
3404930	JOHNSTON COUNTY MNTL HLTHC	23	5	L				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE	0	20	140	120
				NT BUDGET	Ü	20	140	120
		8326	4	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THIS CLAIM OR THE NPI SUBMITTE				
3404931	WAKE CO HUM SVC	8505	80	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	BILLING OF			NT BUDGET				
		8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	7	227	641	414
				FUTURE RA'S.				
		120	28	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404933	SOUTHEASTERN CT	8505	3475	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
	+							
		8800	457	FURTHER PROCESSING NECESSARY,	0	4074	4892	818
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		3413	43	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404934	ONSLOW CARTERET	8599	294	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL			BENEFIT PACKAGE.				
		11	81	CLIENT NOT ELIGIBLE ON SERVICE				
		11	81	DATE	0	639	1896	1257
		21	65	DUPLICATE OF CLAIM-SYSTEM				
		2.2	0.5	DOLLICAL OF CERTA DIDIEN				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR	0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
	ER	0	0					
		·			0	0	0	0
3404937		8000	6	NO DATE AVAILABLE ON SILE TO D	0	0	0	0
3404937	THE BEACON CENT	8000	6	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	0	0	0
3404937		8000	6		U	0	0	0
3404937		8000	6	RICE THIS CLAIM DETAIL				
3404937			2	RICE THIS CLAIM DETAIL ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR	0	10	287	277
3404937			2	RICE THIS CLAIM DETAIL ONLY 16 UNITS ALLOWED PER DAY				
3404937			2	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT EPIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F				
3404937		8654	2	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIEBT AGE. VERIFY CID,				
3404937		8654	2	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT EPIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F				
3404937	ER  EAST CAROLINA B	8654	2	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLASSE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE				
	SR	8654	2 1 1 3172	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
	ER  EAST CAROLINA B	8654 10 8505		RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET		10	287	277
	ER  EAST CAROLINA B	8654	2 1 1 3172 321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLASSE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE				277
	ER  EAST CAROLINA B	8654 10 8505		RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE, VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUPPLICE  NT SUDGET  FURTHER PROCESSING NECESSARY,		10	287	277
	ER  EAST CAROLINA B	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLEET AGE, VERFLY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.		10	287	277
	ER  EAST CAROLINA B	8654 10 8505		RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON		10	287	277
	ER  EAST CAROLINA B	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 15 UNITS ALLOWED PER DAY WITHOUT FRIOR APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT		10	287	277
	EAST CAROLINA B EHAVIORAL H	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE, VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECEPIENT, PROVIDER AND		10	287	277
3404939	ER  EAST CAROLINA B	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLEENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RAY.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		10	287	277
3404939	EAST CAROLINA B EHAVIORAL H EAST CAROLINA B	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLEENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RAY.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.		10	287	277
3404939	EAST CAROLINA B EHAVIORAL H EAST CAROLINA B	8654 10 8505	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLEENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RAY.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	3	3774	287	277
3404939	EAST CAROLINA B EHAVIORAL H  EAST CAROLINA B EHAVIORAL H	8654 10 8505 8800 8599 0	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL.  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID.  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	3	3774	4025	277
3404939	EAST CAROLINA B EMANTORAL H  EAST CAROLINA B EMANTORAL H  EAST CAROLINA B EMANTORAL H	8654 10 8505 8800 8599 0	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL.  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID.  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	3	3774	287	277
3404939	EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H	8654 10 8505 8800 8599 0	321	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL.  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID.  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	3	3774	4025	277
3404939 3404941 3404942	EAST CAROLINA B EAST CAROLINA B EAST CAROLINA B EHAVIORAL H  EAST CAROLINA B	8505 8800 8599 0	79	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	3	3774	4025	277
3404939 3404941 3404942	EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H	8505 8800 8599 0	79	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  CLIENT NOT CLIENTSYSTEM  CLIENT NOT ELIGIBLE ON SERVICE	3	3774	4025	277
3404939 3404941 3404942	EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H	8654 10 8505 8800 8599 0 0 0	79	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  NITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE, VERTY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  FURTHER PROCESSING NECESSARY,  FLEASE CHECK FOR CLAIM ON  PUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  LON OF RECEPIENT, PROVIDER AND  BINNEFIT FACKAGE.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM	3	3774	4025	277
3404939 3404941 3404942	EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H	8654 10 8505 8800 8599 0 0 0	79	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  CLIENT NOT CLIENTSYSTEM  CLIENT NOT ELIGIBLE ON SERVICE	3	3774	4025	277
3404939 3404941 3404942	EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H  EAST CAROLINA B EMAYORAL H	8654 10 8505 8800 8599 0 0 0	79	RICE THIS CLAIM DETAIL  ONLY 16 UNITS ALLOWED PER DAY  WITHOUT PRIOR  APPROVAL. PLEASE CORRECT THE  DIAGNOSIS OR SERVICE INVALID F  OR CLIENT AGE. VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  CLIENT NOT CLIENTSYSTEM  CLIENT NOT ELIGIBLE ON SERVICE	3	3774	4025	277

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8621	7	60 RESIDENTIAL LEVEL III TREAT	(	81	1558	1477
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404946	FOOTHILLS AREAM	21	92	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		79	59	THIS SERVICE IS NOT PAYABLE TO	(	337	3417	3080
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	52	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				